

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 37620

FILED DEC 10 1948

Registration District No. 278

Primary Registration District No. 3054

Registrar's No. 121

1. PLACE OF DEATH: Pike  
(a) County Louisiana  
(b) City or town Louisiana  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Mineral Springs  
(If not in hospital or institution, write street number & location)  
(d) Length of stay: In hospital or institution 2 days (Specify whether)  
In this community years, months or days

3. (a) PRINT FULL NAME Caswell Prosser Paxton

3. (b) If veteran, name war                      3. (c) Social Security No.                     

4. Sex Male 5. Color White 6. (a) Single, widowed, married, divorced Widower

6. (b) Name of husband or wife                      6. (c) Age of husband or wife if alive                      years

7. Birth date of deceased June 14 1859  
(Month) (Day) (Year)

8. AGE: Years 89 Months 5 Days 19 If less than one day                      hr.                      min.

9. Birthplace Louisville Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business                     

12. Name L. H. Paxton

13. Birthplace Bourbon Ky  
(City, town, or county) (State or foreign country)

14. Maiden name Mary Ann Paxton

15. Birthplace Scott Ky  
(City, town, or county) (State or foreign country)

16. (a) Informant Mary S Paxton

(b) Address 2040 S. Charles St. Okla

17. (a) Burial (b) Date thereof Dec 4 - 48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood

18. (a) Signature of funeral director Harry L. Jarver

(b) Address Clarksville

19. (a) 2-7-48 (b) Bernice Arthur  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State MISSOURI (b) County PIKE 82  
(c) City or town CLARKSVILLE 0  
(If outside city or town limits, write "RURAL")  
(d) Street No.                      (If rural, give location)  
(e) If foreign born, how long in U. S. A.                      years.

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month DEC day 3  
year 1948 hour 6 minute 10 A.M.

21. I hereby certify that I attended the deceased from DEC  
1st, 19 48 to DEC 3, 19 48  
that I last saw him alive on DEC 3, 19 48  
and that death occurred on the date and hour stated above.

Immediate cause of death                      Duration 1 week  
Meningitis

Due to Carcinoma  
prostatic &  
Due to urinary bladder not known

Other conditions                       
(Include pregnancy within 3 months of death)

Major findings:                       
Of operations                     

Of autopsy                     

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)                     

(b) Date of occurrence                     

(c) Where did injury occur?                      (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?                     

While at work?                      (Specify type of place) (a) Means of injury                     

23. Signature                      (M. D. or other)                     

Address                      Date signed Dec 3

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED  
District Health Officer No. 10  
District File Number 12-48-2100  
Date Filed DEC 8 - 1948

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No. ....,  
working under my personal supervision.

Signed.....

Licensed Embalmer No. ....

P. O. Address.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**